

# **City of Ankeny Emergency Operations Plan**

**Incident Name:** \_\_\_\_\_

**The information contained within is for the following operational period:**

**Date:** \_\_\_\_\_

**Hours – From (24 hour time):** \_\_\_\_\_ **to** \_\_\_\_\_

**Incident Commander(s) signatures required:**

**Local IC** \_\_\_\_\_

**State OSC** \_\_\_\_\_

**Federal OSC** \_\_\_\_\_

**Responsible company OSC** \_\_\_\_\_

**This information should not be distributed to the media. All media requests for information should be referred to the Incident Public Information Officer (PIO) or Joint Information Center (JIC).**